



CENTRON SECURITY SERVICES

Daily Security Report

Client No. 2036	Client Name O.H. Metals	Location 1002 Oswego St Utica	Date 5/4/87									
Facility Equipment ✓	Detox Clock ✓	Weapon No. -	Holster -	Nightstick -	Raincoat ✓	Flashlight ✓	Other Gate & Trailer Keys, Phone					
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.		Officer—Day Shift (Name) ofc K. Felix		Officer—Swing Shift (Name) ofc Del Vecchio		Officer—Grave Shift (Name) Dick Kozowski						
Shift Began 8 AM Ended 4 PM		Shift Began 4 AM Ended 12 PM		Shift Began 12 AM Ended 8 PM								
Observations or actions taken	Yes	No	Explanation	Yes	No	Explanation	Yes	No	Explanation			
Rounds or stations missed		✓			✓			✓				
Unlocked doors, gates or windows		✓			✓			✓				
Unlocked vaults or safes		✓			✓			✓				
Fire-smoke-or hazards		✓			✓			✓				
1. Extinguishers missing or defective		✓			✓			✓				
2. Sprinkler system defective		✓			✓			✓				
3. Fire doors or exits blocked		✓			✓			✓				
4. Rubbish accumulation		✓			✓			✓				
5. Motors running		✓			✓			✓				
6. Lights left burning		✓			✓	AS required		✓	LIGHTS OUT 6:00 AM			
Injury hazards		✓			✓			✓				
Visitors		✓			✓			✓				
Trespassing		✓			✓			✓				
Violation of company rules		✓			✓			✓				
Remarks												
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.												
1. Were you injured during this tour?	Day Shift	1.	2.	3.	Swing Shift	1.	2.	3.	Grave Shift	1.	2.	3.
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
2. Did you suffer any illness?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3. Have you reported all accidents coming to your attention?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Signatures	1.	Kenneth Felix			1.	Mike Del Vecchio			1.	Dick Kozowski		
Signatures	2.				2.				2.			
Signatures	3.				3.				3.			

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